附件1：

# 政府专职消防队员报名登记表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 | | |  | | | | 出生  年月 | | |  | | | | | 照片  （一寸） | |
| 身份证 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| 民族 |  | | | | | 籍贯 | | |  | | | | 宗教  信仰 | | |  | | | | |
| 婚姻  状况 |  | | | | | 文化  程度 | | |  | | | | 联系  电话 | | |  | | | | |
| 政治  面貌 |  | | | | | 入党/团  时间 | | |  | | | | 健康  状况 | | |  | | | | | | |
| 常住  地址 |  | | | | | | | | | | | | | | | 邮政  编码 | | | | |  | |
| 户籍  地址 |  | | | | | | | | | | | | | | | | | | | | | |
| 户籍  性质 | 本市城镇（）、本市农村（）、外省城镇（）、外省农村（）（勾选） | | | | | | | | | | | | | | | | | | | | | |
| 教育经历 | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | | | 学校名称/培训机构 | | | | | | | | | 专业 | | | | | 获得资格证书 | |
| 年月—年月 | | | | | | |  | | | | | | | | |  | | | | |  | |
| 年月—年月 | | | | | | |  | | | | | | | | |  | | | | |  | |
| 年月—年月 | | | | | | |  | | | | | | | | |  | | | | |  | |
| 工作经历 | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | | | 单位名称 | | | | | | | | | | | | | | 部门及职位 | |
| 年月—年月 | | | | | | |  | | | | | | | | | | | | | |  | |
| 年月—年月 | | | | | | |  | | | | | | | | | | | | | |  | |
| 年月—年月 | | | | | | |  | | | | | | | | | | | | | |  | |
| 家庭成员 | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 关系 | | | | | 工作单位 | | | | | | | | | 职位 | | | 联系电话 | | | 紧急  联系人(勾选) |
|  | |  | | | | |  | | | | | | | | |  | | |  | | |  |
|  | |  | | | | |  | | | | | | | | |  | | |  | | |  |
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|  | |  | | | | |  | | | | | | | | |  | | |  | | |  |
| 部队服役情况 | （例：起止时间，部队名称，担任职务） | | | | | | | | | | | | | | | | | | | | | |
| 受过何种奖励或处罚 |  | | | | | | | | | | | | | | | | | | | | | |
| 注：与原单位是否签订竞业协议，目前是否处于竞业限制期限内，请说明： | | | | | | | | | | | | | | | | | | | | | | |

本人承诺以上所填情况真实有效，如与事实情况不符，本人将承担所有责任，并同意单位无条件解除劳动关系。

本人签名：

填写日期：年月日

注：此表存入专职消防员档案